

**EXECUTIVE LOBBYING  
SUPPLEMENTAL REGISTRATION FORM**

**Instructions**

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Dr., 3<sup>rd</sup> Floor, Baton Rouge, LA 70808, or fax to (225) 763-8787. For information or assistance, call (225) 763-8777 or (800) 842-6630. No fee is required.
- This form must be submitted within 5 days of any changes in your registration form or to add employers or those you represent. It must be submitted within 10 days of any termination of employment or representations.

1. NAME Giamfortone Joseph \_\_\_\_\_  
Last First MI

NAME  
CHANGE \_\_\_\_\_  
Last First MI

2. BUSINESS PHONE 770-486-0584  
(Area Code) Phone Number

3. FAX PHONE 770-486-9358

4. BUSINESS ADDRESS 418 Plantain Terrace, Peachtree City, GA 30269  
Street and No. City State Zip

MAILING ADDRESS 418 Plantain Terrace, Peachtree City, GA 30269  
Street and No. City State Zip

5. EMPLOYER Schering Corporation

6. EMPLOYER'S ADDRESS 2000 Galloping Hill Road, Kenilworth, NJ 07033  
Street and No. City State Zip

7. Have you ceased or terminated all lobbying activities requiring registration? Yes X No \_\_\_\_\_

8. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1) Name Schering Corporation  
Address 2000 Galloping Hill Road, Kenilworth, NJ 07033  
Business or purpose Pharmaceutical manufacturer

☐ New Representation  
Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

☒ Terminated Representation as of August 11, 2008

**FOR OFFICE USE ONLY**

Postmark Date: 8-15-08

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2) Name N/A

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

☐ New Representation  
Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

☐ Terminated Representation as of \_\_\_\_\_

3) Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

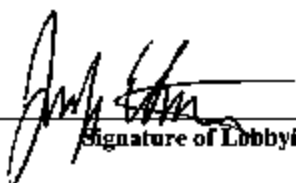
☐ New Representation  
Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

☐ Terminated Representation as of \_\_\_\_\_

**CERTIFICATION OF ACCURACY**

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by LSA-R.S. 49:71 et seq. has been deliberately omitted.

  
\_\_\_\_\_  
Signature of Lobbyist